

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JAN 26 PM 3:37

DOCUMENT # 733918 (7)

1. Corporation Name  
WOODLAND AVENUE CHRISTIAN CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 705 WOODLAND AVENUE LAKELAND FL 33801  
Mailing Address: 705 WOODLAND AVENUE LAKELAND FL 33801

3. Date Incorporated or Qualified: 09/24/1975  
3a. Date of Last Report: 04/20/1994  
4. FEI Number: 23-7429467  
Applied For:  Not Applicable:

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
Zip: 29 Country: 30

5. Certificate of Status Desired:  \$6.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
RITZ, PHYLLIS L  
3681 LAZY LAKE DR., S.  
LAKELAND FL 33801

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: D	NAME: RITZ, ROBERT E STREET ADDRESS: 3681 LAZY LAKE DR., S. CITY-ST-ZIP: LAKELAND FL
TITLE: D	NAME: HARDSOG, HAROLD STREET ADDRESS: 311 INTERLACHEN PKWY. CITY-ST-ZIP: LAKELAND FL
TITLE: D	NAME: HARVEY, WILLIAM STREET ADDRESS: 115 PINETREE LANE CITY-ST-ZIP: AUBURDALE FL
TITLE: D	NAME: JORDAN, BRUCE STREET ADDRESS: 1011 BILL BECK BLVD., #429 CITY-ST-ZIP: KISSIMMEE FL
TITLE: S	NAME: HARVEY, GEORGIA S STREET ADDRESS: 115 PINE TREE LANE CITY-ST-ZIP: AUBURN FL
TITLE: Y	NAME: RITZ, PHYLLIS L STREET ADDRESS: 3081 LAZY LAKE DR., S. CITY-ST-ZIP: LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DELETE
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Phyllis L. Ritz*  
PHYLLIS L. RITZ, Treasurer

1-18-95 (818)  
665-9187